

STATE OF NEW HAMPSHIRE

Recording fee: \$25.00

Use black print or type.

Form must be single-sided, on 8½" x 11" paper and have one inch margins on both sides. Double sided copies will not be accepted.

Form NP-1

RSA 292:2

ARTICLES OF AGREEMENT
OF
A NEW HAMPSHIRE NONPROFIT CORPORATION

THE UNDERSIGNED, BEING PERSONS OF LAWFUL AGE, ASSOCIATE UNDER THE PROVISIONS OF THE NEW HAMPSHIRE REVISED STATUTES ANNOTATED, CHAPTER 292 BY THE FOLLOWING ARTICLES:

FIRST: The name of the corporation shall be:

SECOND: The object for which this corporation is established is:

THIRD: The provisions for establishing membership and participation in the corporation are:

FOURTH: The provisions for disposition of the corporate assets in the event of dissolution of the corporation including the prioritization of rights of shareholders and members to corporate assets are:

FIFTH: The address at which the business of this corporation is to be carried on is:

SIXTH: The amount of capital stock, if any, or the number of shares or membership certificates, if any, and provisions for retirement, reacquisition and redemption of those shares or certificates are:

SEVENTH: Provision eliminating or limiting the personal liability of a director, an officer or both, to the corporation or its shareholders for monetary damages for breach of fiduciary duty as a director, an officer or both is: (Note 1)

EIGHTH: Signatures and post office address of each of the persons associating together to form the corporation: (Note 2)

<u>Signature and Name</u>	<u>Post Office Address</u>
1. _____ Signature	_____ Street
_____ Name (please print)	_____ City/Town State Zip
2. _____ Signature	_____ Street
_____ Name (please print)	_____ City/Town State Zip
3. _____ Signature	_____ Street
_____ Name (please print)	_____ City/Town State Zip
4. _____ Signature	_____ Street
_____ Name (please print)	_____ City/Town State Zip
5. _____ Signature	_____ Street
_____ Name (please print)	_____ City/Town State Zip

Notes: 1. If no provision eliminating or limiting personal liability, insert "NONE".
2. At least five signatures are required.

Mail fee and DATED AND SIGNED ORIGINAL to: Corporation Division, Department of State, 107 North Main Street, Concord NH 03301-4989.